PATENT APPLICATION FEE DETERMINATION RECO									,			DOCKET IVE	97)
CLAIMS AS FILED - PART I									_/	01	0	102	30
_	· · · · · · · · · · · · · · · · · · ·		(Colur				SMALL ENTITY TYPE			OF	OTHE SMAL	R THAN	
Ľ	OTAL CLAIM						RATE		FEE	7	RATE	FEE	
F	OR .	· ′	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE	385.00	OF	BASIC FE	
Ţ	OTAL CHARG	EABLE CLAIMS	24m	24 minus 20=		• 4		X\$ 9=			OR	X\$18=	77
IN	DEPENDENT	CLAIMS	<u> </u>	minus 3 =		• 2		X43=			7	Voc	17-2
М	JLTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT				145			- OR		17/
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	4		OR	<u> </u>	
CLAIMS AS AMENDED - PART II								TOTAL	- L		OR		1014
1	<u> </u>	(Column 1)		(Column 2) (Column 3)				SMALI	L EN	ITITY	OR		R THAN ENTITY
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	TI	ADDI- IONAL FEE		RATE	ADDI- TIONAI FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
AME	Independent	*	Minus	***		=	<u> </u>	X43=	†		1	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR		
									\downarrow		OR	+290=	
		(Column 1)	·		۵,		AD	TOTAL DIT. FEE			OR ,	TOTAL ADDIT. FEE	L
m	CLAIMS REMAINING			(Column HIGHES		61			Ι Δ	DDI-	, r		ADDI-
		AFTER AMENDMENT		PREVIOU PAID F	JSĽY	PRESENT EXTRA		RATE	TIC	ONAL EEE		RATE	TIONAL
AMENDMENT	Total	*	Minus	**		= .	: ;	X\$ 9=			OR	X\$18=	
	Independent	RST PRESENTATION OF MULTIPLE DEPENDENT (· 	<u> </u>		X43=			OR	X86=		
!	FINST PRESE	INTATION OF ME	DETIPLE DEF	PENDENT	CLAIM			145=				. 200	
								TOTAL	_		OR	+290= TOTAL	
(Column 4)										•	OR A	DDIT. FEE	
$\overline{}$	`	(Column 1) CLAIMS		(Column HIGHES		(Column 3)		·	·	·			
AMENDINEN C	•	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	F	RATE	TIO	DDI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .	X	\$ 9=	<u> </u>		OR	X\$18=	<u> </u>
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X86=	· ————————————————————————————————————
If the entry in column 1 is less than the entry in column 2, write 10 in column 3.											OR L	+290=	
	* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT FEE											TOTAL ODIT. FEE	
Th	e *Highest Num	ber Previously Paid	For (Total or	Independent)	is the h	nighest number f	ound is	n the app	ropri	ate box	in colur	nn 1.	